

<i>SERFF Tracking Number:</i>	<i>UNNC-125542870</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38509</i>
<i>Company Tracking Number:</i>	<i>7327</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7327 - Survivorship Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy</i>		

Filing at a Glance

Company: Acacia Life Insurance Company

Product Name: 7327 - Survivorship Universal Life Policy
 SERFF Tr Num: UNNC-125542870 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium
 Adjustable Life
 SERFF Status: Closed State Tr Num: 38509

Sub-TOI: L09I.002 Joint (Last Survivor) Co Tr Num: 7327 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird
 Authors: Bobbie Cramer, Joanne Disposition Date: 04/09/2008
 Friend, Tanya Garrett

Date Submitted: 03/25/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 7327 - Survivorship Universal Life Policy

Project Number: 7327 - Survivorship Universal Life Policy

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/09/2008

State Status Changed: 04/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: Acacia Life Insurance Company

NAIC No. 0943-60038 FEIN No. 53-0022880

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Submission Form Identification: 7327 – Individual Survivorship Universal Life Policy

SERFF Tracking Number: UNNC-125542870 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38509
Company Tracking Number: 7327
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: 7327 - Survivorship Universal Life Policy
Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

General Description of Submission: This Universal Life Insurance Policy will be issued to individuals interested in purchasing a survivorship universal life policy to receive a death benefit upon the death of both insureds.

Issue Ages: 18-85

Enclosed for your review and approval is the above-referenced individual universal life insurance policy, application and rider as shown on the attached Exhibit A.

These forms are new and do not replace any previously approved forms. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The Flesch Scores for these forms are shown on the attached Exhibit A. An explanation of Riders is enclosed as Exhibit B. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

Reserves will use the 2001 CSO Mortality Table. There will be no surrender charges. The policy will be illustrated. The signed illustration will be used to provide the applicant with policy cost and benefit information. Required actuarial material for the policy and riders, as appropriate, is also enclosed.

The AS 2550 Application is being submitted in a modular format and will be used by Acacia Life Insurance Company as our general application for all future individual and joint life products. This format will eliminate costly duplicative forms and enables the same information required for all individual life products to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as conditional receipt and authorization). Product specific information is collected on the product specific components.

The Estate Protection Rider, KEPR01, is a rider that pays a death benefit upon the second death of the two insureds. The benefit is paid to the designated beneficiary, if any; otherwise to the policyowner, if living; otherwise to the policyowner's estate.

The enclosed forms were submitted concurrently to the District of Columbia where we are domiciled. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52355, or via email at: tgarrett@unioncentral.com. Thank you for your consideration of this submission. Be assured it is appreciated.

SERFF Tracking Number: UNNC-125542870 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 38509

Company Tracking Number: 7327

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: 7327 - Survivorship Universal Life Policy

Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Company and Contact

Filing Contact Information

Tanya Garrett, Compliance Specialist tgarrett@unioncentral.com
 1876 Waycross Road (513) 595-2355 [Phone]
 Cincinnati, OH 45240

Filing Company Information

Acacia Life Insurance Company CoCode: 60038 State of Domicile: District of Columbia

7315 Wisconsin Avenue Group Code: 943 Company Type: Stock
 Bethesda, MD 20814 Group Name: State ID Number:
 (800) 825-1551 ext. [Phone] FEIN Number: 53-0022880

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50/submission
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acacia Life Insurance Company	\$50.00	03/25/2008	18931762

SERFF Tracking Number: UNNC-125542870 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 38509

Company Tracking Number: 7327

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life

Product Name: 7327 - Survivorship Universal Life Policy

Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/09/2008	04/09/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/08/2008	04/08/2008	Tanya Garrett	04/08/2008	04/08/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Advisor Services Combo Application Product Page for Life Products Acacia	Form	Tanya Garrett	04/04/2008	04/04/2008
Advisor Services Combo Application Product Page for Life Products	Form	Tanya Garrett	03/27/2008	03/27/2008

<i>SERFF Tracking Number:</i>	<i>UNNC-125542870</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38509</i>
<i>Company Tracking Number:</i>	<i>7327</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7327 - Survivorship Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy</i>		
Acacia			

<i>SERFF Tracking Number:</i>	<i>UNNC-125542870</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38509</i>
<i>Company Tracking Number:</i>	<i>7327</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7327 - Survivorship Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy</i>		

Complaint Notice and Guaranty Association Notice	Supporting Document	Tanya Garrett	03/25/2008	03/25/2008
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SERFF Tracking Number: UNNC-125542870 *State:* Arkansas
Filing Company: Acacia Life Insurance Company *State Tracking Number:* 38509
Company Tracking Number: 7327
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: 7327 - Survivorship Universal Life Policy
Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Disposition

Disposition Date: 04/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNNC-125542870 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 38509

Company Tracking Number: 7327

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life

Product Name: 7327 - Survivorship Universal Life Policy

Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Exhibit A		Yes
Supporting Document	Illustration Certification		Yes
Supporting Document	Universal Readability Certification		Yes
Supporting Document	Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	AR Cover Letter		Yes
Supporting Document	Complaint Notice and Guaranty		Yes
	Association Notice		
Form	Survivor Universal Life Policy		Yes
Form	Estate Protection Rider		Yes
Form	Advisor Services Combo Application		Yes
	Personal Information Page One (1st Insured)		
Form	Advisor Services Combo Application		Yes
	Personal Information Page Two (Other Insured/s)		
Form (revised)	Advisor Services Combo Application		Yes
	Product Page for Life Products Acacia		
Form	Advisor Services Combo Application		Yes
	Product Page for Life Products Acacia		
Form	Advisor Services Combo Application		Yes
	Product Page for Life Products Acacia		
Form	Advisor Services Combo Application		Yes
	Financial Information Page		
Form	Advisor Services Combo Application		Yes
	Lifestyle and Health Questionnaire Page		
Form	Advisor Services Combo Application		Yes
	Agreement Page		

SERFF Tracking Number: UNNC-125542870 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38509
Company Tracking Number: 7327
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: 7327 - Survivorship Universal Life Policy
Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/08/2008
Submitted Date 04/08/2008
Respond By Date
Dear Tanya Garrett,
This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/08/2008
Submitted Date 04/08/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird:

Please be assured that we (Acacia Life Insurance Company) are in compliance with Regulation 34.

Sincerely,

SERFF Tracking Number: UNNC-125542870 *State:* Arkansas
Filing Company: Acacia Life Insurance Company *State Tracking Number:* 38509
Company Tracking Number: 7327
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: 7327 - Survivorship Universal Life Policy
Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Tanya Garrett

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Bobbie Cramer, Joanne Friend, Tanya Garrett

SERFF Tracking Number: UNNC-125542870 State: Arkansas
 Filing Company: Acacia Life Insurance Company State Tracking Number: 38509
 Company Tracking Number: 7327
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: 7327 - Survivorship Universal Life Policy
 Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Amendment Letter

Amendment Date:
 Submitted Date: 04/04/2008

Comments:

To whom it may concern:

Please find attached an additional amended version of form AS 2550 LIFE AC. We realized after the filing was sent that we left out pertinent language. We added item 1c. which reads the following:

"Life Insurance Qualification Test:
 GPT (Guideline Premium Test) Default if no option is selected
 CVAT (Cash Value Accumulation Test)"

We sincerely apologize for any inconvenience this may cause. Thank you for your attention to this filing. Be assured that it is greatly appreciated.

Sincerely,

Tanya Garrett
 Contract Analyst

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AS 2550 LIFE AC	Application/EAdvisor nrollment Form	Services Combo Application Product Page for Life Products	Initial				54	AS 2550 LIFE AC with brackets.pdf

<i>SERFF Tracking Number:</i>	<i>UNNC-125542870</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38509</i>
<i>Company Tracking Number:</i>	<i>7327</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7327 - Survivorship Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy</i>		
	Acacia		

SERFF Tracking Number: UNNC-125542870 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 38509

Company Tracking Number: 7327

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: 7327 - Survivorship Universal Life Policy

Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Amendment Letter

Amendment Date:

Submitted Date: 03/27/2008

Comments:

To Whom It May Concern,

Please replace form number AS 2550 LIFE AC with the attached revised AS 2550 LIFE AC. We failed to bracket pertinent information.

We apologize for any inconvenience.

Sincerely,

Tanya Garrett

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AS 2550 LIFE AC	Application/EAdvisor nrollment Form	Services Combo Application Product Page for Life Products Acacia	Initial				54	AS 2550 LIFE AC.pdf

SERFF Tracking Number: UNNC-125542870 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38509
Company Tracking Number: 7327
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: 7327 - Survivorship Universal Life Policy
Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Amendment Letter

Amendment Date:

Submitted Date: 03/25/2008

Comments:

To Whom It May Concern:

Please also find attached the required Complaint Notice and Guaranty Association Notice. We apologize for any inconvenience this may cause.

Sincerely,

Tanya Garrett

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Complaint Notice and Guaranty Association Notice

Comment:

1683AR.pdf

1684 AR aclic.pdf

SERFF Tracking Number: UNNC-125542870 State: Arkansas

Filing Company: Acacia Life Insurance Company State Tracking Number: 38509

Company Tracking Number: 7327

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life

Product Name: 7327 - Survivorship Universal Life Policy

Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Form Schedule

Lead Form Number: 7327

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7327	Policy/Cont	Survivor Universal ract/Fratern Life Policy al Certificate	Initial		54	7327Std.pdf
	KEPR01	Certificate	Estate Protection Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		51	KEPR01Std.p df
	AS 2550 PI-A	Application/ Advisor Services Enrollment	Combo Application Form Personal Information Page One (1st Insured)	Initial		52	AS 2550 PI- A.pdf
	AS 2550 PI-B	Application/ Advisor Services Enrollment	Combo Application Form Personal Information Page Two (Other Insured/s)	Initial		50	AS 2550 PI- B.pdf
	AS 2550 LIFE AC	Application/ Advisor Services Enrollment	Combo Application Form Product Page for Life Products Acacia	Initial		54	AS 2550 LIFE AC with brackets.pdf
	AS 2550 FI	Application/ Advisor Services Enrollment	Combo Application Form Financial Information Page	Initial		58	AS 2550 FI.pdf
	AS 2550 LQHQ	Application/ Advisor Services Enrollment	Combo Application Form Lifestyle and Health	Initial		57	AS 2550 LQHQ.pdf

SERFF Tracking Number:	UNNC-125542870	State:	Arkansas
Filing Company:	Acacia Life Insurance Company	State Tracking Number:	38509
Company Tracking Number:	7327		
TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.002 Joint (Last Survivor)
	Adjustable Life		
Product Name:	7327 - Survivorship Universal Life Policy		
Project Name/Number:	7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy		

Questionnaire Page

AS 2550	Application/ Advisor Services	Initial	52	AS 2550
AG	Enrollment Combo Application			AG.pdf
	Form	Agreement Page		

Flexible Premium Survivorship Universal Life Insurance Policy

Nonparticipating



For Customer Service contact us at:

5900 "O" Street
Lincoln, NE 68510-2234

or

P.O. Box 81889
Lincoln, NE 68501-1889

1-800-255-9678

Fax: 1-402-467-7335

eMail: advisors@acaciagroup.com

Insureds: John Doe

Jane Doe

Policy Number: 0123456789

We agree to pay the death benefit proceeds to the beneficiary on receipt of satisfactory proof of death of both *insureds* while this policy is in force, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected.

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and *Acacia Life Insurance Company*.

20-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *Acacia Life Insurance Company* that *you* are satisfied with this policy. *You* have 20 days after *you* receive it to review this policy. If this policy is a replacement for an existing policy *you* have 30 days after *you* receive it to review this policy. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning. We will refund the premiums paid minus partial withdrawals within 10 days after this policy is returned.

Signed for Acacia Life Insurance Company, a District of Columbia Company

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

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POLICY SCHEDULE

Policy Number:	[0123456789]
Younger Insured:	[John Doe]
Issue Age and Gender:	[35, Male]
Rate Class:	[Standard Nontobacco]
Older Insured:	[Jane Doe]
Issue Age and Gender:	[35, Female]
Rate Class:	[Standard Nontobacco]
Owner:	[John Doe]
Policy Date:	[July 1, 2008]
Issue Date:	[July 1, 2008]
Specified Amount:	[\$100,000]
Minimum Specified Amount:	[\$100,000]
Death Benefit Option:	[A]
Basis of Values:	Frasierized 2001 CSO Mortality Table, age nearest birthday [Male Nonsmoker and Female Nonsmoker]
Guaranteed Interest Rate:	[3.00]% Annually, [0.24663]% Monthly
Planned Periodic Premium:	[\$430.00]
Planned Premium Frequency:	[Annual]
Initial Premium:	[\$430.00]

It is possible that coverage may expire prior to the *second death* if premiums paid or interest credited is insufficient to continue coverage to such date.

POLICY SCHEDULE

MAXIMUM MONTHLY COST OF INSURANCE RATES AND CORRIDOR FACTORS

Younger <i>Insured's</i> <i>Attained</i> <u>Age</u>	Maximum Cost of Insurance <u>Rate</u>	Corridor <u>Factor</u>	Younger <i>Insured's</i> <i>Attained</i> <u>Age</u>	Maximum Cost of Insurance <u>Rate</u>	Corridor <u>Factor</u>	Younger <i>Insured's</i> <i>Attained</i> <u>Age</u>	Maximum Cost of Insurance <u>Rate</u>	Corridor <u>Factor</u>
35	0.00008	2.50	76	1.44308	1.05	117	70.87934	1.01
36	0.00026	2.50	77	1.68636	1.05	118	74.40894	1.01
37	0.00048	2.50	78	1.97189	1.05	119	78.00210	1.01
38	0.00073	2.50	79	2.30269	1.05	120	83.33333	1.01
39	0.00102	2.50	80	2.68048	1.05	121+	00.00000	1.01]
40	0.00136	2.50	81	3.14903	1.05			
41	0.00177	2.43	82	3.67898	1.05			
42	0.00228	2.36	83	4.25328	1.05			
43	0.00291	2.29	84	4.90111	1.05			
44	0.00369	2.22	85	5.63663	1.05			
45	0.00467	2.15	86	6.39537	1.05			
46	0.00584	2.09	87	7.35013	1.05			
47	0.00730	2.03	88	8.37403	1.05			
48	0.00888	1.97	89	9.46778	1.05			
49	0.01077	1.91	90	10.53979	1.05			
50	0.01316	1.85	91	11.30602	1.04			
51	0.01607	1.78	92	12.32199	1.03			
52	0.01980	1.71	93	13.61830	1.02			
53	0.02430	1.64	94	15.16623	1.01			
54	0.02991	1.57	95	17.01311	1.01			
55	0.03694	1.50	96	18.77294	1.01			
56	0.04545	1.46	97	20.60122	1.01			
57	0.05559	1.42	98	21.19095	1.01			
58	0.06699	1.38	99	22.34828	1.01			
59	0.08037	1.34	100	24.01788	1.01			
60	0.09641	1.30	101	25.71976	1.01			
61	0.11600	1.28	102	27.63127	1.01			
62	0.14012	1.26	103	29.73356	1.01			
63	0.16871	1.24	104	32.06650	1.01			
64	0.20207	1.22	105	34.60698	1.01			
65	0.24105	1.20	106	37.23686	1.01			
66	0.28583	1.19	107	39.95180	1.01			
67	0.33694	1.18	108	42.70248	1.01			
68	0.39641	1.17	109	45.57763	1.01			
69	0.46433	1.16	110	48.52963	1.01			
70	0.54554	1.15	111	51.38758	1.01			
71	0.64169	1.13	112	54.17785	1.01			
72	0.76102	1.11	113	56.74913	1.01			
73	0.89783	1.09	114	60.29824	1.01			
74	1.05430	1.07	115	63.63013	1.01			
75	1.23525	1.05	116	67.09236	1.01			

Note: Cost of Insurance Rates are per \$1,000 of *Net Amount at Risk*.

To comply with section 7702 of the Internal Revenue Code, the total death benefit for this policy will not be less than the *account value* multiplied by the applicable corridor factor above.

POLICY SCHEDULE

MAXIMUM EXPENSE CHARGES

- (1) Premium Charge: [5.00]% of each premium collected
- (2) Monthly Administrative Charge: \$[7.00] per month
- (3) Monthly Specified Amount Charge:

<u>Policy Year</u>	<u>Monthly Specified Amount Charge</u>
1	\$[14.19]
2	\$[14.19]
3	\$[14.19]
4	\$[14.19]
5	\$[14.19]
6	\$[14.19]
7	\$[14.19]
8	\$[14.19]
9	\$[14.19]
10	\$[14.19]
11	\$[14.19]
12	\$[14.19]
13	\$[14.19]
14	\$[14.19]
15	\$[14.19]
16	\$[14.19]
17	\$[14.19]
18	\$[14.19]
19	\$[14.19]
20	\$[14.19]
21	\$[11.35]
22	\$[8.51]
23	\$[5.68]
24	\$[2.84]
25 +	\$[0.00]

POLICY SCHEDULE

Minimum decrease in *specified amount*: \$[1,000]

Minimum partial withdrawal amount: \$[100]

Maximum partial withdrawal fee: \$[50]

Maximum *attained age* for reinstatement: [85]

The maximum loan interest rate is [5.00]%. The interest rate credited on any loaned portion of the *account value* will be [3.00]%. These interest rates are annual effective rates.

This is a Flexible Premium Survivorship Universal Life Insurance policy with an adjustable death benefit. We will pay the death benefit if both *insureds* die while this policy is in force, subject to the terms of this policy.

DEFINITIONS

(Defined terms appear in italics throughout this policy.)

ACCOUNT VALUE. Means the sum of *net premiums* paid, minus partial withdrawals, minus *monthly deductions*, plus interest credited.

ANNUAL DATE. Means the same date each year as the *policy date*.

ATTAINED AGE. Means, with respect to each *insured*, the *issue age* plus the number of completed policy years.

CASH SURRENDER VALUE. Means the *account value*, minus any *policy debt*.

FIRST DEATH. Means the first *insured* to die.

INSUREDS. Means the persons shown on the policy schedule upon whose life this policy is issued.

ISSUE AGE. Means with respect to each *insured*, the age as of the birthday nearest to the *policy date*.

ISSUE DATE. Means the date on which the suicide and incontestability periods begin. If we have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If we have not received the initial premium from *you*, *you WILL NOT* have coverage until the date on which we receive the initial premium from *you*.

MONTHLY DATE. Means the same date of each month as the *policy date*.

MONTHLY DEDUCTION. Means a charge made against the *account value* each policy month. The *monthly deduction* is more fully described in the Monthly Deduction provision.

NET AMOUNT AT RISK. Means the death benefit on the *monthly date*, discounted at the guaranteed rate of interest for one month, minus the *account value* on the *monthly date*, after all *monthly deductions* have been taken except for the cost of insurance.

NET PREMIUM. Means the premium paid reduced by the premium charge, which will not exceed the maximum premium charge shown on the policy schedule.

OWNER, YOU, YOUR. Means the *owner* named in the application, unless changed. The *insureds* may or may not be the *owner*.

PLANNED PERIODIC PREMIUM. Means a selected premium of a level amount at a fixed interval. The *planned periodic premium* is shown on the policy schedule.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that we approve. If the *issue date* is after the *policy date* or we have not received the initial premium from *you*, *you WILL NOT* have life insurance coverage on the *policy date*.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans.

SECOND DEATH. Means the second *insured* to die. In the event of simultaneous deaths, *second death* means the date of death of the *insureds*.

SPECIFIED AMOUNT. Means a dollar amount used to determine the death benefit of *your* policy. It is shown on the policy schedule. *You* may decrease it as provided in *your* policy.

SURRENDER. Means termination of this policy at *your* request for its *cash surrender value* while either *insured* is alive. See the Cash Surrender provision of this policy.

WE, US, OUR, ACACIA LIFE INSURANCE COMPANY. Means Acacia Life Insurance Company.

WRITTEN NOTICE. Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

OWNERSHIP

OWNERSHIP. While either *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment and to the rights of any irrevocable beneficiary. If *you* die before the *second death*, the successor *owner* named in the application is the new *owner*. If there is no successor *owner*, then *your* estate becomes the new *owner*.

A change of *owner* may be made at any time by *written notice* to *us*. It will take effect on the date *written notice* is received. *We* will record the change. Unless there are no surviving primary or contingent beneficiaries, a change of *owner* does not change the beneficiary.

BENEFICIARY

BENEFICIARY. The beneficiary will receive the death benefit proceeds upon the *second death*. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *second death* occurs, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *second death* occurs, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:

- (1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
- (2) No revocable beneficiary has rights in this policy until the *second death*.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as “children”), *we* may find who they are from sworn statements and not wait for court records.

You may change the beneficiary at any time while either *insured* is living by *written notice* to *us*. Any change must be approved by *us*. If approved, it will take effect on the date the *written notice* was signed by *you*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *second death* as the result of a common disaster, *we* will pay the death benefit as if that beneficiary died first.

DEATH BENEFIT

DEATH BENEFIT. *We* will pay the death benefit proceeds in a lump sum as soon as *we* receive satisfactory proof that both *insureds* died while this policy was in force, and other proof that *we* may require in order to investigate the claim. *We* will include interest from the date of the *second death* to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges *us* from any and all claims.

Death benefit proceeds will equal:

- (1) the death benefit at the date of the *second death*; plus
- (2) any additional life insurance proceeds provided by riders; minus
- (3) any *policy debt*; minus
- (4) any overdue *monthly deductions* including the *monthly deduction* for the month of the *second death*.

DEATH BENEFIT OPTIONS. The death benefit at any time depends on the death benefit option *you* select.

Option A. The death benefit is the greater of: (1) the *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

Option B. The death benefit is the greater of: (1) the *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

The policy schedule shows the *specified amount* and the death benefit option.

DEATH BENEFIT OPTION CHANGES. *You* may make certain changes to the death benefit option by *written notice* to *us*. The effective date of change will be the *monthly date* following *our* receipt of the *written notice*.

- (1) The option may be changed from Option B to Option A. This will not change the *specified amount* and the death benefit will be reduced to equal the *specified amount*.
- (2) The option may be changed from Option A to Option B. In such case, the *specified amount* will be adjusted so that the *net amount at risk* is unchanged.

SPECIFIED AMOUNT DECREASES. On or after one year from the *policy date*, *you* may decrease the *specified amount* by *written notice* to *us*. Any decrease is subject to the following conditions:

- (1) A decrease of the *specified amount* will be effective on the *monthly date* following *written notice* to *us*.
- (2) Any decrease of the *specified amount* requested by *you* will not reduce the monthly specified amount charges.
- (3) The *specified amount* after any requested decrease must not be less than the minimum *specified amount* stated on the policy schedule.

PREMIUMS

PAYMENT OF PREMIUM. The initial premium is the amount paid on or before delivery of this policy. *You* may make other premium payments at any time, but not more often than once each month.

The *planned periodic premium* is stated on the policy schedule. *You* may change the amount and / or frequency of the *planned periodic premium*.

We reserve the right to limit the amount and frequency of premium payments. We reserve the right to require evidence of insurability for any premium payment that increases the *net amount at risk* of the policy. We will not accept that portion of a premium payment which affects the tax qualifications of this policy as described in section 7702 of the Internal Revenue Code, as amended. This excess amount will be returned to *you*.

Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as *we* may designate. A receipt signed by *our* President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the *cash surrender value* is no longer sufficient to cover the *monthly deduction*.

POLICY VALUES

This policy has an *account value* and a *cash surrender value* that, during the life of either *insured*, may be used for *your* benefit.

ACCOUNT VALUE. The *account value* on the *issue date* is equal to any *net premiums* received by *us* on or before the *issue date*, minus any *monthly deductions* due on or before the *issue date*.

The *account value* on each *monthly date* thereafter is equal to $(a + b + c + d) - (e + f + g)$, where:

- (a) is the *account value* on the prior *monthly date*;
- (b) is one month's interest on (a);
- (c) is any *net premium* received since the prior *monthly date*;
- (d) is interest on (c) from the date received to the current *monthly date*;
- (e) is any partial withdrawal since the prior *monthly date*;
- (f) is interest on (e) from the date paid to the current *monthly date*;
- (g) is the *monthly deduction* due on the current *monthly date*.

On any day between *monthly dates*, the *account value* is calculated using steps a through f above, with pro-rata adjustment of interest to reflect the time elapsed since the prior *monthly date*.

CASH SURRENDER. *You* may surrender this policy for the *cash surrender value* by written notice to *us*. After we receive written notice, we have the right to wait up to six months to pay except for payment of premiums on any policy in force with *us*. Once surrendered, this policy cannot be reinstated.

PARTIAL WITHDRAWAL. *You* may take a partial withdrawal of cash from the *cash surrender value* by written notice to *us*. The minimum partial withdrawal is shown on the policy schedule. The maximum partial withdrawal amount is:

- (1) the *cash surrender value*; minus
- (2) the sum of the next three *monthly deductions*.

We may deduct a partial withdrawal fee, which will not exceed the maximum partial withdrawal fee shown on the policy schedule. If Death Benefit Option A is in effect, the *specified amount* will be reduced by the amount withdrawn plus any fee. After we receive written notice, we have the right to wait up to six months to pay, except for payment of premiums on any policy in force with *us*.

LOANS. *You* may obtain a loan from the *cash surrender value* of this policy. The maximum available loan amount is:

- (1) the *cash surrender value*; minus
- (2) loan interest up to the next *annual date*; minus
- (3) the sum of the next three *monthly deductions*.

The maximum loan interest rate is shown on the policy schedule. We have the option of charging less.

This policy will be assigned to *us* as security for any loan. We may defer making a loan up to six months except to pay premiums on any policy in force with *us*. We may require *you* to sign a loan agreement.

A loan may be paid back in full or in part at any time.

Interest accrues daily and becomes a part of the *policy debt*. Interest payments are due on each *annual date*. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

POLICY FACTORS

COST OF INSURANCE. The maximum cost of insurance rates are determined by the gender, *issue age*, and rate class of each *insured*, as shown on the policy schedule.

The cost of insurance for a policy month is the cost of insurance rate times the *net amount at risk* divided by \$1,000.

SPECIFIED AMOUNT CHARGE. The maximum monthly specified amount charge is shown on the policy schedule.

MONTHLY DEDUCTION. On each *monthly date*, we will deduct an amount from your *account value* to pay us for providing the benefits of the policy. This amount is called the *monthly deduction*. The rates used to calculate the *monthly deductions* will not exceed the maximum rates shown on your policy schedule. We will determine actual rates based on our future expectations of such factors as mortality, expenses, interest, persistency and taxes. Any changes will be determined according to the procedures and standards on file with your State Insurance Department. Any change we make will be on a uniform basis for *insureds* of the same *issue age*, gender, rate class, *specified amount*, and the length of time coverages have been in force.

The *monthly deduction* equals:

- (1) the cost of insurance; plus
- (2) the monthly administrative charge; plus
- (3) the monthly specified amount charge; plus
- (4) the cost for any policy riders.

The *monthly deduction* is due on each *monthly date*, beginning on the *policy date*.

INTEREST RATE. The guaranteed interest rate to be applied in the *account value* calculation is shown on the policy schedule. An interest rate exceeding the guaranteed rate may be used at our option. We will credit, at least the guaranteed interest rate to the portion of the *account value* which is loaned. An interest rate exceeding the guaranteed rate may be used at our option.

KEEPING THE POLICY IN FORCE

GRACE PERIOD. On any *monthly date* when the *cash surrender value* is less than the *monthly deduction* for the next policy month, you will have a 61-day grace period to make a premium payment to continue this policy. The minimum premium to continue this policy will be the amount which results in a *cash surrender value* on the date the grace period begins equal to the current *monthly deduction* plus the next two *monthly deductions*. We will mail notice of this minimum premium to your last known address and to any assignee of record at the start of the 61-day grace period, at least 30 days and no more than 60 days prior to the end of the grace period.

If the premium is not paid within the grace period, all insurance stops and this policy terminates with no *cash surrender value*. If the *second death* occurs during the grace period, the proceeds paid on death will be equal to the death benefit immediately prior to the start of the grace period, minus *policy debt* and overdue *monthly deductions* as of the date of death.

CONTINUATION OF INSURANCE. Insurance coverage under this policy and any benefits provided by any rider(s) will be continued through the grace period.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental applications; and
- (5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

NONPARTICIPATING POLICY. This policy is nonparticipating. No dividends will be paid under this policy.

RELIANCE. *We* have issued this policy based on the answers in the application and supplemental applications. *We* have assumed all such answers to be true and complete. If any are not, *we* may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus *policy debt* and any partial withdrawals.

INCONTESTABILITY. *We* will not contest this policy, in the absence of fraud, after it has been in force during the lifetime of at least one of the *insureds* for two years from the *issue date*. *We* must be notified of the *first death* if it occurred during the first two years the policy is in force. If either *insured's* death occurs due to a contestable reason, *we* will be liable only for the amount of premiums paid minus *policy debt* and any partial withdrawals, and the policy will be rescinded as of the *issue date*. If this policy is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. The Incontestability provision does not apply to riders that provide disability benefits or accelerated death benefits.

SUICIDE. For the first two full years from the *issue date*, *we* will not pay the death benefit if either *insured* commits suicide (while sane or insane). *We* will terminate this policy and give back the premiums paid, minus *policy debt* and any partial withdrawals.

POLICY CHANGES. This policy is a Flexible Premium Survivorship Universal Life Insurance policy. *You* may request to change *your specified amount*, death benefit option or riders by sending *us written notice*. Whenever one of these changes is made, *we* will send *you* a revised policy schedule.

ANNUAL REPORT. At least once a year *we* will send *you* an annual report showing the current *account value*, *cash surrender value*, amount of interest credited, premiums paid, loans, expense charges and cost of insurance charges since the prior report. Any other information required by *your* State Insurance Department will also be included in the annual report.

ILLUSTRATIVE REPORT. *You* may request a projection of illustrative future benefits and values at any time. *We* may charge a reasonable fee to provide this information.

TERMINATION. This policy will terminate and all insurance will stop:

- (1) on the first *monthly date* after *we* receive *your written notice*; or
- (2) when a required premium is not received before the end of the grace period; or
- (3) upon the *second death*.

REINSTATEMENT. Within five years after *your* policy terminates, *you* may put this policy back in force by *written notice* to us if:

- (1) only one *insured* is alive when *you* request reinstatement, the *first death* must have occurred prior to the end of the grace period;
- (2) the surviving *insureds* provide *us* with evidence of insurability;
- (3) the *attained age* of each surviving *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
- (4) at least one *insured* is alive on the date of reinstatement; and
- (5) this policy has not been surrendered for its *cash surrender value*.

The minimum premium *you* must pay to reinstate *your* policy is $(a + b - c)$ divided by (d) where:

- (a) is the sum of all due and unpaid *monthly deductions* during the grace period;
- (b) is the sum of *monthly deductions* for three months from the date of reinstatement;
- (c) is the *account value* at the beginning of the grace period; and
- (d) is one minus the premium charge.

The *account value* on the date of reinstatement will equal:

- (1) the *net premium* paid to reinstate this policy; plus
- (2) the *account value* at the beginning of the grace period; minus
- (3) the sum of the due and unpaid *monthly deductions* during the grace period.

You must repay or reinstate any *policy debt* that existed at the beginning of the grace period.

CONFORMITY WITH LAWS. This policy is subject to the laws of the state where the application is signed.

MISSTATEMENT OF AGE OR GENDER. If the age or gender of either *insured* has been misstated, *we* will make the following adjustment:

- (1) If the misstatement is discovered at the *second death*, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the correct age and gender for each *insured*.
- (2) If the misstatement is discovered while either *insured* is living, the *cash surrender value* will be adjusted from the *policy date* to reflect the expense charges and cost of insurance rates based on the correct age and gender for each *insured*.

ASSIGNMENT. *You* may assign this policy by giving *written notice*. *We* will not be responsible for the validity of an assignment. *We* will not be liable for any payments *we* make or actions *we* take before *we* receive *written notice* of an assignment. An assignment is subject to any policy loans and loan interest.

COMPUTATIONS. Minimum *account values* are based on maximum cost of insurance rates, maximum expense charges and guaranteed interest rate shown on the policy schedule. All interest rates shown on the policy schedule are annual effective rates unless otherwise stated.

Cash surrender values will not be less than the minimum required by the laws of the state where this policy is signed. If required, *we* have filed a detailed statement about these computations with *your* State Insurance Department.

Flexible Premium Survivorship Universal Life Insurance Policy
Nonparticipating

Acacia Life Insurance Company

ESTATE PROTECTION RIDER

PAYMENT OF INSURANCE. *We will pay the benefit amount under this rider as soon as we receive satisfactory proof that both insureds died while this rider was in force, and other proof that we may require in order to investigate the claim. The benefit will be paid to the designated beneficiary, if any; otherwise to:*

- (1) *you*, if living; otherwise to
- (2) *your* estate.

MISSTATEMENT OF AGE OR GENDER. *If the age or gender of either insured has been misstated, we will make the following adjustments:*

- (1) *If the misstatement is discovered at the second death, the benefit amount will be adjusted based on what the rider charge as of the most recent monthly date would have purchased at the correct age and gender for each insured.*
- (2) *If the misstatement is discovered while either insured is living, the cash surrender value will be adjusted from the rider effective date to reflect the rider charges based on the correct age and gender for each insured. The Lapse Protection Value will be adjusted from the rider effective date to reflect the rider charges based on the correct age and gender for each insured.*

INCONTESTABILITY. *In the absence of fraud, we will not contest this rider after it has been in force during the lifetime of at least one of the insureds for two years from the rider effective date. We must be notified of the first death if it occurs during the first two years the rider is in force. If either insured's death occurs due to a contestable reason, our total liability will be to return the monthly rider charges, and the rider will be rescinded as of the rider effective date. If this rider is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.*

SUICIDE. *If either insured commits suicide (while sane or insane) within two years after the rider effective date, our total liability will be to return the monthly rider charges.*

TERMINATION. *This rider will terminate:*

- (1) *when the policy terminates; or*
- (2) *on the first monthly date after you give us written notice; or*
- (3) *on the expiry date shown on the policy schedule.*

REINSTATEMENT. *You may put this rider back in force by written notice to us if:*

- (1) *the policy is in force;*
- (2) *each insured provides us with evidence of insurability prior to the rider expiry date; and*
- (3) *enough premium is paid to keep this rider in force for three months.*

CONTRACT. *This rider is made a part of the policy and is based on the application.*

MONTHLY COST OF BENEFIT. *We will deduct the monthly cost for this rider until it terminates.*

RIDER SPECIFICATIONS. The effective date, expiry date, benefit amount and monthly costs for this rider are shown on the policy schedule.

ACACIA LIFE INSURANCE COMPANY

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

Application for Insurance

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Personal Information

Please print clearly in black ink.

CHECK ALL COMPANIES THAT APPLY:

- ☐ **Acacia Life Insurance Company**
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)
- ☐ **Ameritas Life Insurance Corp.**
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

1. Proposed Insured (One):

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID: _____
State: _____
- g) Home Address: _____
City: _____ State: _____ ZIP: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: _____
- k) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

2. Owner Information (One):

(Complete only if Owner is other than Proposed Insured.)

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID: _____
State: _____
- k) Address: _____
City: _____ State: _____ ZIP: _____
- l) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
- m) Residency Status: ☐ U.S. Resident ☐ Other: _____
- n) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership (indicate type):
☐ Joint with Survivorship ☐ Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____
- b) Contingent Beneficiary: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____

Application for Insurance

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Personal Information (continued)

*Please print clearly in black ink.***Acacia Life Insurance Company**

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

1. Proposed Insured (Two): (Survivorship Life ONLY)

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID: _____ State: _____
- g) Home Address: _____
City: _____ State: _____ ZIP: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: _____
- k) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

2. Owner Information (Two):*(Complete only if Owner is other than a Proposed Insured.)*

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID: _____ State: _____
- k) Address: _____
City: _____ State: _____ ZIP: _____
- l) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
- m) Residency Status: ☐ U.S. Resident ☐ Other: _____
- n) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership (indicate type):
☐ Joint with Survivorship ☐ Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

3. Proposed Insured: (Child One or Other)

- a) Name: _____
- b) Relationship: _____
- c) Date of Birth: _____ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: _____
- f) Social Security No: _____
- g) Ins. in Force/Company: _____
- h) Driver's License No: _____

4. Proposed Insured: (Child Two or Other)

- a) Name: _____
- b) Relationship: _____
- c) Date of Birth: _____ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: _____
- f) Social Security No: _____
- g) Ins. in Force/Company: _____
- h) Driver's License No: _____

Universal Life / Survivorship Universal Life

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Policy Details

Please print clearly in black ink.

Acacia Life Insurance Company

P.O. Box 81889, Lincoln, NE 68501

800-745-1112, Fax 402-467-7335

(Client Service Department)

1. Universal Life:

a) Specified Amount (base only): \$

b) Death Benefit Option:

☐ Option A (Specified Amount)☐ Option B (Specified Amount plus Account Value)

c) Life Insurance Qualification Test:

☐ GPT (Guideline Premium Test) Default if no option is selected☐ CVAT (Cash Value Accumulation Test)

d) Planned Periodic Premium (modal): \$

Additional First-Year Premium
(lump sum deposits): \$

e) Optional Riders:

☐ Children's Insurance Rider: \$☐ Other Insured Term Insurance Rider:☐ Family Member: \$**Beneficiary Designation:**

Primary: _____

Relationship: _____

Contingent: _____

Relationship: _____

☐ Non-Family Member: \$**Beneficiary Designation:**

Primary: _____

Relationship: _____

Contingent: _____

Relationship: _____

☐ Waiver of Monthly Deduction
on Disability \$☐ Other (specify): _____

2. Survivorship Universal Life:

a) Specified Amount (base only): \$

b) Death Benefit Option:

☐ Option A (Specified Amount)☐ Option B (Specified Amount plus Account Value)

c) Planned Periodic Premium (modal): \$

Additional First-Year Premium
(lump sum deposits): \$

d) Optional Riders:

☐ Term Insurance Rider:☐ Insured One: \$**Beneficiary Designation:**

Primary: _____

Relationship: _____

Contingent: _____

Relationship: _____

☐ Insured Two: \$**Beneficiary Designation:**

Primary: _____

Relationship: _____

Contingent: _____

Relationship: _____

☐ Waiver of Monthly Deduction on Disability☐ Insured One☐ Insured Two☐ Estate Protection Rider☐ Other (specify): _____

3. Premium:

a) Send Premium Notices to: ☐ Residence ☐ Business☐ Owner ☐ Other: (Specify relationship and address)☐ Insured _____

b) Premium Frequency:

☐ Annual ☐ Electronic Funds Transfer (complete EFT form)☐ Semi-Annual ☐ Salary Allotment☐ Quarterly ☐ Other: _____c) Has any premium been given in connection
with this application? ☐ Yes ☐ No
(If "Yes," state amount paid for which
conditional receipt has been given; the terms
of which are hereby agreed to.)

Amount \$

Financial Information

Please print clearly in black ink.

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

1. Existing and Pending Insurance - Proposed Insured(s):

- | | Proposed
Insured One | Proposed
Insured Two |
|--|-------------------------|-------------------------|
| a) Total insurance in force on the Proposed Insured(s). . . . \$ | \$ | \$ |
| If the Proposed Insured is a juvenile, what is the total amount of life insurance in force on the parent(s)? \$ | | |
| b) Total insurance currently pending with all companies, including this application. \$ | \$ | \$ |
| c) Of the above pending amount, how much do you intend to accept? \$ | \$ | \$ |
| d) Provide information for each policy in force on the Proposed Insured(s). (Attach additional page if necessary.) | | |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Company: _____ | | |
| Group, Personal or Business: _____ | | |
| Issue Date: _____ | | |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Face Amount: _____ | | |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Company: _____ | | |
| Group, Personal or Business: _____ | | |
| Issue Date: _____ | | |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Face Amount: _____ | | |
| e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy? (If "Yes," give details.) . . . <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
(If "Yes," complete a Replacement Notice if required by State Law.)
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued? (If "Yes," give details.) . . . ☐ Yes ☐ No
- Company: _____ Policy No.: _____
- Amount: \$ _____ Date: _____
- Type of Policy: _____

3. Statement of Intent:

- a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application? . . . ☐ Yes ☐ No
- b) Will the premiums be financed through a loan? . . . ☐ Yes ☐ No

(If "Yes," list: lender, duration of loan, and collateral required.)

- c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy? (If "Yes," give details.) ☐ Yes ☐ No
- d) Will the policy, if issued, be placed in a trust? . . . ☐ Yes ☐ No
(If "Yes," give details and provide copy of trust.)

4. Financial Questions:

- | | Proposed
Insured One | Proposed
Insured Two |
|---|-------------------------|-------------------------|
| a) Gross annual earned income: . . . \$ | \$ | \$ |
| (salary, commissions, bonuses, etc.) | | |
| b) Gross annual unearned income: . . . \$ | \$ | \$ |
| (dividend, interest, net real estate income, etc.) | | |
| c) Household net worth: \$ | | |
| d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems (bankruptcy, etc.)? (If "Yes," give details.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| e) If Owner, other than the proposed insured, is an individual: | | |
| Net Worth: \$ | | |
| Net Annual Income: \$ | | |
| Total Family Income: \$ | | |

5. Source of Premiums: (Check one or more.)

- ☐ Current Income ☐ Cash Savings ☐ Employer
☐ Securities ☐ Relative ☐ Premium Finance
☐ Sale of personal property or real estate
☐ Insurance/Annuities (Loans/Withdrawals)
☐ 1035 Exchange
☐ Insurance or annuity maturity value or death benefit
☐ Rollover/Transfer of 401(k) or Pension Funds
☐ Other: _____

6. Business Insurance: (Complete for ALL Business Owned Insurance.)

- | | Current Year | Previous Year |
|---|--------------|---------------|
| a) Assets: \$ | \$ | \$ |
| b) Liabilities: \$ | \$ | \$ |
| c) Gross Sales: \$ | \$ | \$ |
| d) Net Income after taxes: . . \$ | \$ | \$ |
| e) Fair Market Value of the business: \$ | \$ | \$ |
| f) What percentage of the business is owned by Proposed Insured(s)? % | | |
| g) Are other partners / owners / executives being insured? (If "Yes," give details.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Application for Insurance
Lifestyle and Health Questionnaire

Please print clearly in black ink.

Acacia Life Insurance Company
Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Lifestyle Questions: (Please provide details for "Yes" answers.)

Has any person proposed for coverage:

- 1. Used tobacco or nicotine products in any form within the last five years?
2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused?
3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition?
4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft?
5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years?
6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law?
7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.?
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization?
9. Engaged in or plan to engage in any form of the following:

- Motorized Racing
Parachuting/Skydiving
Ballooning
Rodeo
Snowmobiling
Boat racing
Scuba diving
Hang-gliding
Mountain climbing
Competitive skiing
Gliding
Other:

Proposed Insured One - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Proposed Insured Two - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Child(ren) or Other Insured - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Medical Information:

Has any proposed insured ever been diagnosed or treated by a licensed medical physician for diabetes, heart disease, stroke or cancer?
Proposed Insured One
Proposed Insured Two
Child(ren) or Other Insured.
If "Yes," please provide insured's name, physician's name, complete address and phone number.

Application for Insurance

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Agreement

Please print clearly in black ink.

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the CONDITIONAL RECEIPT;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
 - (1) **the first premium is paid during the lifetime of the proposed insured(s) and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
 - (2) **the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____
City State Month Day Year

Print or Type Proposed Insured Name

X

Signature of Proposed Insured

Print or Type Name of Other Proposed Insured

X

Signature of Other Proposed Insured

Print or Type Owner if not Proposed Insured

X

Signature of Owner if not Proposed Insured

Print or Type Insurance Producer Name

Producer #

X

Signature of Licensed Soliciting Producer

Producer State Lic. #

Print or Type Insurance Producer Name

Producer #

X

Signature of Licensed Soliciting Producer

Producer State Lic. #

Agency Name

Agency #

Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X

Signature of Owner, Trustee/Employer

Date

<i>SERFF Tracking Number:</i>	<i>UNNC-125542870</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38509</i>
<i>Company Tracking Number:</i>	<i>7327</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>7327 - Survivorship Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNNC-125542870 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38509
Company Tracking Number: 7327
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: 7327 - Survivorship Universal Life Policy
Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

03/13/2008

Comments:

Attachments:

Copy of 1683ar-Gty Notice.pdf
Copy of 1684 AR aclic.pdf
Copy of AR Certification ar3.pdf
Copy of AR Certification ar4.pdf

Review Status:

Satisfied -Name: Application

03/13/2008

Comments:

These are new forms. They have never been approved. These same applications have been attached under the Forms Schedule Tab. This is just in case you wanted them attached here.

Attachments:

AS 2550 PI-A.pdf
AS 2550 PI-B.pdf
AS 2550 LIFE AC.pdf
AS 2550 FI.pdf
AS 2550 LQH.Q.pdf
AS 2550 AG.pdf

Review Status:

Bypassed -Name: Health - Actuarial Justification

03/13/2008

Bypass Reason: Not required for this submission.

Comments:

Review Status:

Bypassed -Name: Outline of Coverage

03/13/2008

Bypass Reason: Not required for this submission.

Comments:

SERFF Tracking Number: UNNC-125542870 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38509
Company Tracking Number: 7327
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: 7327 - Survivorship Universal Life Policy
Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Review Status:

Satisfied -Name: Exhibit A 03/14/2008
Comments:
Attachment:
7327 Exhibit A AR.pdf

Review Status:

Satisfied -Name: Illustration Certification 03/21/2008
Comments:
The Illustration Certification is attached.
Attachment:
Illustration Certification.pdf

Review Status:

Satisfied -Name: Universal Readability Certification 03/21/2008
Comments:
The Universal Readability Certification is attached.
Attachment:
Universal Readability Cert.pdf

Review Status:

Satisfied -Name: Actuarial Memo 03/25/2008
Comments:
Attachment:
7327 Actuarial Memo.pdf

Review Status:

Satisfied -Name: Statement of Variability 03/25/2008
Comments:
Attachment:
Statement of Variability for 7327.pdf

SERFF Tracking Number: UNNC-125542870 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38509
Company Tracking Number: 7327
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: 7327 - Survivorship Universal Life Policy
Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Review Status:

Satisfied -Name: AR Cover Letter 03/25/2008

Comments:

Attachment:

7327 AR Submission Ltr.pdf

Review Status:

Satisfied -Name: Complaint Notice and Guaranty Association Notice 03/25/2008

Comments:

Attachments:

1683AR.pdf

1684 AR aclic.pdf

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- * They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- * The insurer was not authorized to do business in this state;
- * Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- * Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- * Any policy of reinsurance (unless an assumption certificate was issued);
- * Interest rate yields that exceed an average rate;
- * Dividends and voting rights and experience rating credits;
- * Credits given in connection with the administration of a policy by a group contract holder;
- * Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- * Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- * Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- * Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- * Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- * Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- * Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

IMPORTANT INFORMATION TO POLICYHOLDERS

For information concerning your policy, contact your agent or the company as follows:

Acacia Life Insurance Company
Administrative Office
P.O. Box 81889
Lincoln, Nebraska 68501-1889
1-800-745-1112

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Arkansas Insurance Department at:

Consumer Services Division
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904
1-800-852-5494

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that Acacia Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that Acacia Life Insurance Company is in compliance.

A handwritten signature in black ink, reading "Robert G. Lange". The signature is written in a cursive, flowing style with a large initial 'R' and 'L'.

Robert G. Lange
Vice President, General Counsel & Asst. Secretary

March 17, 2008
Date

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Rule and Regulation 19 and that Acacia Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in black ink, reading "Robert G. Lange". The signature is written in a cursive style with a large, stylized "R" and "L".

Robert G. Lange
Vice President, General Counsel & Asst. Secretary

March 17, 2008
Date

Application for Insurance

1024

Personal Information

Please print clearly in black ink.

CHECK ALL COMPANIES THAT APPLY:

- ☐ **Acacia Life Insurance Company**
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)
- ☐ **Ameritas Life Insurance Corp.**
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

1. Proposed Insured (One):

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID: _____
State: _____
- g) Home Address: _____
City: _____ State: _____ ZIP: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: _____
- k) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

2. Owner Information (One):

(Complete only if Owner is other than Proposed Insured.)

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID: _____
State: _____
- k) Address: _____
City: _____ State: _____ ZIP: _____
- l) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
- m) Residency Status: ☐ U.S. Resident ☐ Other: _____
- n) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership (indicate type):
☐ Joint with Survivorship ☐ Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____
- b) Contingent Beneficiary: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____

Application for Insurance

1024

Personal Information (continued)

*Please print clearly in black ink.***Acacia Life Insurance Company**

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

1. Proposed Insured (Two): (Survivorship Life ONLY)

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID: _____ State: _____
- g) Home Address: _____
City: _____ State: _____ ZIP: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: _____
- k) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

2. Owner Information (Two):*(Complete only if Owner is other than a Proposed Insured.)*

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID: _____ State: _____
- k) Address: _____
City: _____ State: _____ ZIP: _____
- l) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
- m) Residency Status: ☐ U.S. Resident ☐ Other: _____
- n) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership (indicate type):
☐ Joint with Survivorship ☐ Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

3. Proposed Insured: (Child One or Other)

- a) Name: _____
- b) Relationship: _____
- c) Date of Birth: _____ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: _____
- f) Social Security No: _____
- g) Ins. in Force/Company: _____
- h) Driver's License No: _____

4. Proposed Insured: (Child Two or Other)

- a) Name: _____
- b) Relationship: _____
- c) Date of Birth: _____ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: _____
- f) Social Security No: _____
- g) Ins. in Force/Company: _____
- h) Driver's License No: _____

Policy Details

Please print clearly in black ink.

Acacia Life Insurance Company

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

1. Universal Life:

- a) Specified Amount (*base only*): \$ _____
- b) Death Benefit Option:
☐ Option A (*Specified Amount*)
☐ Option B (*Specified Amount plus Account Value*)
- c) Planned Periodic Premium (*modal*): \$ _____
 Additional First-Year Premium
 (*lump sum deposits*): \$ _____
- d) Optional Riders:
☐ Children's Insurance Rider: \$ _____
☐ Other Insured Term Insurance Rider:
☐ Family Member: \$ _____
Beneficiary Designation:
 Primary: _____
 Relationship: _____
 Contingent: _____
 Relationship: _____
☐ Non-Family Member: \$ _____
Beneficiary Designation:
 Primary: _____
 Relationship: _____
 Contingent: _____
 Relationship: _____
☐ Waiver of Monthly Deduction
 on Disability \$ _____
☐ Other (*specify*): _____

2. Survivorship Universal Life:

- a) Specified Amount (*base only*): \$ _____
- b) Death Benefit Option:
☐ Option A (*Specified Amount*)
☐ Option B (*Specified Amount plus Account Value*)
- c) Planned Periodic Premium (*modal*): \$ _____
 Additional First-Year Premium
 (*lump sum deposits*): \$ _____
- d) Optional Riders:
☐ Term Insurance Rider:
☐ Insured One: \$ _____
Beneficiary Designation:
 Primary: _____
 Relationship: _____
 Contingent: _____
 Relationship: _____
☐ Insured Two: \$ _____
Beneficiary Designation:
 Primary: _____
 Relationship: _____
 Contingent: _____
 Relationship: _____
☐ Waiver of Monthly Deduction on Disability
☐ Insured One
☐ Insured Two
☐ Estate Protection Rider
☐ Other (*specify*): _____

3. Premium:

- a) Send Premium Notices to: ☐ Residence ☐ Business
☐ Owner ☐ Other: (*Specify relationship and address*)
☐ Insured _____

- b) Premium Frequency:
☐ Annual ☐ Electronic Funds Transfer (complete EFT form)
☐ Semi-Annual ☐ Salary Allotment
☐ Quarterly ☐ Other: _____
- c) Has any premium been given in connection
 with this application? ☐ Yes ☐ No
 (If "Yes," state amount paid for which
 conditional receipt has been given; the terms
 of which are hereby agreed to.)
 Amount \$ _____

Financial Information

Please print clearly in black ink.

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

1. Existing and Pending Insurance - Proposed Insured(s):

- | | Proposed Insured One | Proposed Insured Two |
|--|----------------------|----------------------|
| a) Total insurance in force on the Proposed Insured(s). . . . \$ | \$ | \$ |
| If the Proposed Insured is a juvenile, what is the total amount of life insurance in force on the parent(s)? \$ | | |
| b) Total insurance currently pending with all companies, including this application. \$ | \$ | \$ |
| c) Of the above pending amount, how much do you intend to accept? \$ | \$ | \$ |
| d) Provide information for each policy in force on the Proposed Insured(s). (Attach additional page if necessary.) | | |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Company: _____ | | |
| Group, Personal or Business: _____ | | |
| Issue Date: _____ | | |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Face Amount: _____ | | |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Company: _____ | | |
| Group, Personal or Business: _____ | | |
| Issue Date: _____ | | |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Face Amount: _____ | | |
| e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy? (If "Yes," give details.) . . . <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
(If "Yes," complete a Replacement Notice if required by State Law.)
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued? (If "Yes," give details.) . . . ☐ Yes ☐ No
- Company: _____ Policy No.: _____
- Amount: \$ _____ Date: _____
- Type of Policy: _____

3. Statement of Intent:

- a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application? . . . ☐ Yes ☐ No
- b) Will the premiums be financed through a loan? . . . ☐ Yes ☐ No

(If "Yes," list: lender, duration of loan, and collateral required.)

- c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy? (If "Yes," give details.) ☐ Yes ☐ No
- d) Will the policy, if issued, be placed in a trust? . . . ☐ Yes ☐ No
(If "Yes," give details and provide copy of trust.)

4. Financial Questions:

- | | Proposed Insured One | Proposed Insured Two |
|---|----------------------|----------------------|
| a) Gross annual earned income: . . . \$ | \$ | \$ |
| (salary, commissions, bonuses, etc.) | | |
| b) Gross annual unearned income: . . . \$ | \$ | \$ |
| (dividend, interest, net real estate income, etc.) | | |
| c) Household net worth: \$ | | |
| d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems (bankruptcy, etc.)? (If "Yes," give details.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| e) If Owner, other than the proposed insured, is an individual: | | |
| Net Worth: \$ | | |
| Net Annual Income: \$ | | |
| Total Family Income: \$ | | |

5. Source of Premiums: (Check one or more.)

- ☐ Current Income ☐ Cash Savings ☐ Employer
- ☐ Securities ☐ Relative ☐ Premium Finance
- ☐ Sale of personal property or real estate
- ☐ Insurance/Annuities (Loans/Withdrawals)
- ☐ 1035 Exchange
- ☐ Insurance or annuity maturity value or death benefit
- ☐ Rollover/Transfer of 401(k) or Pension Funds
- ☐ Other: _____

6. Business Insurance: (Complete for ALL Business Owned Insurance.)

- | | Current Year | Previous Year |
|---|--------------|---------------|
| a) Assets: \$ | \$ | \$ |
| b) Liabilities: \$ | \$ | \$ |
| c) Gross Sales: \$ | \$ | \$ |
| d) Net Income after taxes: . . \$ | \$ | \$ |
| e) Fair Market Value of the business: \$ | \$ | \$ |
| f) What percentage of the business is owned by Proposed Insured(s)? % | | |
| g) Are other partners / owners / executives being insured? (If "Yes," give details.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Application for Insurance
Lifestyle and Health Questionnaire

Please print clearly in black ink.

Acacia Life Insurance Company
Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Lifestyle Questions: (Please provide details for "Yes" answers.)

Has any person proposed for coverage:

- 1. Used tobacco or nicotine products in any form within the last five years?
2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused?
3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition?
4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft?
5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years?
6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law?
7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.?
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization?
9. Engaged in or plan to engage in any form of the following:

- Motorized Racing
Parachuting/Skydiving
Ballooning
Rodeo
Snowmobiling
Boat racing
Scuba diving
Hang-gliding
Mountain climbing
Competitive skiing
Gliding
Other:

Proposed Insured One - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Proposed Insured Two - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Child(ren) or Other Insured - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Medical Information:

Has any proposed insured ever been diagnosed or treated by a licensed medical physician for diabetes, heart disease, stroke or cancer?
Proposed Insured One
Proposed Insured Two
Child(ren) or Other Insured.
If "Yes," please provide insured's name, physician's name, complete address and phone number.

Application for Insurance

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Agreement

Please print clearly in black ink.

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the CONDITIONAL RECEIPT;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
 - (1) **the first premium is paid during the lifetime of the proposed insured(s) and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
 - (2) **the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____
City State Month Day Year

Print or Type Proposed Insured Name

X

Signature of Proposed Insured

Print or Type Name of Other Proposed Insured

X

Signature of Other Proposed Insured

Print or Type Owner if not Proposed Insured

X

Signature of Owner if not Proposed Insured

Print or Type Insurance Producer Name

Producer #

X

Signature of Licensed Soliciting Producer

Producer State Lic. #

Print or Type Insurance Producer Name

Producer #

X

Signature of Licensed Soliciting Producer

Producer State Lic. #

Agency Name

Agency #

Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X

Signature of Owner, Trustee/Employer

Date

7327 Exhibit A

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>FLESCH SCORE</u>
Policy: 7327	Survivor Universal Life Policy	54
Riders: KEPR01	Estate Protection Rider	51
Applications * : AS 2550 PI-A	Advisor Services Combo Application Personal Information Page One (1 st Insured)	52
AS 2550 PI-B	Advisor Services Combo Application Personal Information Page Two (Other Insured/s)	50
AS 2550 LIFE AC	Advisor Services Combo Application Product Page for Life Products Acacia	54**
AS 2550 FI	Advisor Services Combo Application Financial Information Page	58
AS 2550 LQ HQ	Advisor Services Combo Application Lifestyle and Health Questionnaire Page	57
AS 2550 AG	Advisor Services Combo Application Agreement Page	52**

*All application page flesch scores exclude medical terminology and language required by either state or federal law.

** When taken with the policy, this page reaches a minimum flesch readability score shown.

1876 Waycross Road / Cincinnati, OH 45240

NAIC Life Insurance Illustration Certification

I, Kristal E. Hambrick, F.S.A., M.A.A.A., Vice President and Life Product Manager, am an officer of Acacia Life Insurance Company. I was appointed by the Board of Directors of Acacia Life Insurance Company to render this certification as the Illustration Actuary for all plans of insurance subject to the Life Insurance Illustration Regulation as stated in the Board Resolution dated November 17, 2006. I am a member of the American Academy of Actuaries and meet its qualification standards as described in *Qualification Standards for Public Statement of Actuarial Opinion* and am familiar with the certification requirements applicable to compliance with the life insurance illustration regulations.

Scope

I have examined the actuarial assumptions and actuarial methods used in proving compliance with the NAIC Life Insurance Illustration Model Regulation. The purpose of this certification is to advise state regulatory authorities and the directors of said insurer as to whether the disciplined current scales of non-guaranteed elements for illustrated plans of insurance meet the requirements of the regulation.

Reliance

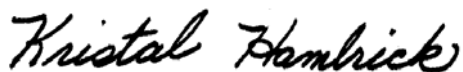
I have relied on experience data developed by Thomas P. McArdle, F.S.A., M.A.A.A., Director & Assistant Actuary and by Joel Varland, F.S.A., M.A.A.A., Second Vice President, in making this certification. I have reviewed the provided data for reasonableness and consistency and am satisfied with the results.

Certification

Scales of non-guaranteed elements used in illustrating the following plans of insurance meet the requirements of the Regulation. The disciplined current scales for these plans are in conformity with Actuarial Standard of Practice (ASOP 24) for Compliance with the NAIC Life Insurance Illustrations Model Regulation, promulgated by the Actuarial Standards Board.

- 7327 Survivor Universal Life

The minimum expenses used in the calculation of the disciplined current scale for all policy forms subject to this regulation were **2007 Generally Recognized Expense Table**.



Kristal E. Hambrick, FSA, MAAA
Vice President and Illustration Actuary

January 30, 2008
Date

READABILITY CERTIFICATION

I, Robert G. Lange, an officer of Acacia Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Description</u>	<u>Readability Score</u>
7327	Survivorship Universal Life Policy	54
KEPR01	Estate Protection Rider	51
AS 2550 PI-A	Advisor Services Combo Application	52
	Personal Information Page One (1 st Insured)	
AS 2550 PI-B	Advisor Services Combo Application	50
	Personal Information Page Two (Other Insured/s)	
AS 2550 LIFE AC	Advisor Services Combo Application	54**
	Product Page for Life Products Acacia	
AS 2550 FI	Advisor Services Combo Application	58
	Financial Information Page	
AS 2550 LQHQ	Advisor Services Combo Application	57
	Lifestyle and Health Questionnaire Page	
AS 2550 AG	Advisor Services Combo Application	52**
	Agreement Page	

*All application page flesch scores exclude medical terminology and language required by either state or federal law.

**When taken with the policy, this page reaches a minimum flesch readability score shown.



Robert G. Lange, Vice President, General Counsel & Asst Secty. –
Ameritas Life Insurance Corp.

March 21, 2008

ACACIA LIFE INSURANCE COMPANY
STATEMENT OF METHOD OF CALCULATING CASH VALUES

Policy Form Number 7327

I. GENERAL INFORMATION

This is a flexible premium, second-to-die Universal Life contract with benefits payable on death or cash withdrawal. The guaranteed cost of insurance is calculated using the appropriate 2001 Commissioner's Standard Ordinary Table of Mortality. This table is divided between Male, and Female risks as well as between smokers and nonsmokers.

II. POLICY CHARACTERISTICS

This policy provides adjustable life insurance payable on the second death of the two insureds.

A. Death Benefit

Insurance payable on the second death of the two insureds is integrated with the account value of the policy under one of two options.

Under option A, the death benefit is level except that the death benefit will be automatically increased so that it is always at least equal to Z times the account value.

Under option B, the death benefit is equal to a specified amount plus the account value amount defined in the policy, or Z times the account value, whichever is greater.

Under all options, the death benefit must be at least \$50,000. Z is a factor that when multiplied by the account value insures the policy remains qualified as life insurance under federal tax guidelines.

B. Policy Values

1. Account Value

The account value of the policy is basically an accumulation at interest of a percentage of the net premiums less monthly expense charges and less monthly costs of insurance based on the net amount at risk.

The account value defined in the policy can be expressed as:

$${}_tAV = ({}_{t-1}AV + P_t) (1+i_t) - C_t(1+i_t) - EC_t(1+i_t)$$

Where:

- ${}_tAV$ is the account value at the end of policy month t
 P_t is the net premium credited at the beginning of policy month t . The net premium is equal to the gross premium less the premium load.
 EC_t is the monthly expense charge deducted at the beginning of policy month t .
 C_t is the monthly cost of insurance deducted at the beginning of policy month t , and is calculated as:

$$C_t = {}_tq_{x:y} [(F_t/(1+i_t) - ({}_{t-1}AV + P_t - EC_t)]$$

where:

- ${}_tq_{x:y}$ is the monthly mortality factor and is calculated using "Frasier's Method" as described in the March 1978 issue of "The Actuary". Once the rates are calculated, all values are calculated using these rates as if they were a single life mortality factor.
 F_t is the total death benefit in month t
 i_t is the monthly guaranteed interest factor

2. Cash Values

Within this document, cash value means the account value.

3. Maximum Surrender Charge

This product has no surrender charges

C. Nonforfeiture Benefits

If the policyowner ceases paying premiums, the policy will be continued with interest rates, monthly expense charges and cost of insurance rates the same as those applicable while on a premium paying basis. The policy will continue for as long as the cash value will cover monthly deductions.

The policy may be surrendered at any time for its cash surrender value (cash value minus policy debt).

D. Flexibility

At issue the owner selects both a planned periodic premium amount and the amount of insurance, subject to minimum amounts.

At any time while the policy is in force, after the first policy year, the owner may decrease the amount of insurance. Decreases may not reduce the specified amount of insurance below the minimum specified amount.

III. BASIS OF VALUES

A. Interest

The minimum guaranteed interest rate applied in the calculation of cash values is 3.00% per annum. The Company may credit additional interest in the calculation of cash values. Currently, additional interest is applied to any cash value of the policy in excess of any loan outstanding against the policy. Interest is credited on loaned values in accordance with the interest rate provision in the policy.

B. Cost of Insurance

Guaranteed rates are based on the male-female, smoker-nonsmoker 2001 CSO Tables (ANB). When calculating the factors using the "Frasier Method", actual ages, smoking statuses and genders are used. For rated (special class) policies, the guaranteed rates are derived from standard class rates by appropriate rating factors of mortality percentages or the addition of flat extra charges. Current cost of insurance factors are less than or equal to the guaranteed factors. The current factors produce higher cash values than those generated using the guaranteed factors.

C. Expense Charges

The guaranteed expense charges are:

- a. 5.00% of each premium paid
- b. \$7 per policy per month
- c. A monthly charge per \$1000 of specified amount, which varies by gender, risk class, issue age, duration and specified amount band. This charge is level for the first 20 policy years and grades to 0 in year 25 and thereafter.

For policies issued in a sponsored arrangement, the expense charges may be reduced or waived to reflect the reduced sales and administrative effort. A "sponsored arrangement" includes a program under which an employer or an association permits group solicitation of its employees or members for the purchase of policies on an individual basis.

IV. MINIMUM NONFORFEITURE REQUIREMENTS

A. Minimum Cash Value Basis

For this policy, minimum cash values will be the greater of:

1. Minimum cash values calculated with the maximum nonforfeiture rate of 5.00%, the maximum cost of insurance rates, which are based on 2001 CSO, sex distinct, smoker and nonsmoker mortality, ANB and the maximum expense charges; or
2. Minimum cash values calculated with the guaranteed interest rate of 3.00%, the maximum cost of insurance rates, which are based on 2001 CSO, sex distinct,

smoker and nonsmoker mortality, ANB and the maximum expense charges.

B. Minimum Cash Value Compliance Demonstration

The following demonstration establishes that the Account Value less the Surrender Charge will always equal or exceed the minimum cash value required by the Standard Nonforfeiture Law (SNFL). Sections 1 through 3 consider the case where interest credits and cost of insurance charges occur on a guaranteed basis. Section 4 deals with interest credits greater than those guaranteed and cost of insurance charges less than those guaranteed.

1. Standard Nonforfeiture Law

The SNFL states minimum cash value requirements in a prospective form. In order to prove compliance with the SNFL, we will first show that the retrospective formula equating successive net level premium reserves is equal to the formula equating successive account Values.

According to Chapter 5, Section 5 of Life Contingencies by C. W. Jordan, the prospective version of the net level reserve formula, per unit of death benefit, can be rewritten into a retrospective recursive form as follows:

$$({}_{t-1}V + P)(1 + i) = q_{x+t-1} + (1 - q_{x+t-1})V_t$$

where P is the net level premium for the guaranteed benefits.

Equivalently,

$$V_t = ({}_{t-1}V + P - TC) \times (1 + i)$$

where $TC = [1/(1+i) - {}_{t-1}V - P] \times [q_{x+t-1}/(1-q_{x+t-1})]$

The preceding formula is similar to that used in the calculation of Account Values. The only differences in the formulae are:

- (a) The reserve formulae are based on one unit of death benefit and the policy formulae are based on a net amount at risk varying monthly throughout the policy years.
- (b) The reserve formulae are expressed strictly on an annual basis, while the policy formula provides interest for payment and charges occurring within the policy year on a monthly basis.
- (c) The reserve formula discounts the death benefit in calculating the charge for mortality on an annual basis, while the policy formula discounts the death benefit on a monthly basis.
- (d) From the above, it follows that the Policy Account Value is representative of the net level reserve calculated using the same

interest rate and mortality table as those guaranteed in the policy.

2. Minimum Required Cash Value

The minimum cash value as required by the SNFL is equal to:

$${}_tV - E^1(\ddot{a}_{x+t:y+t} / \ddot{a}_{x:y})$$

where ${}_tV$ is the net level reserve calculated on the nonforfeiture basis, and E^1 is the unused initial expense allowance according to the SNFL.

Since the Account Value is representative of the net level reserve, and the Cash Value is equal to the Account Value less the Surrender Charge, then the Cash Value is equal to

$${}_tV - {}_tSC,$$

where ${}_tSC$ is the applicable Surrender Charge. Since there are no policy surrender charges, it follows that whenever the unamortized unused initial expense allowance is not less than 0, then the Cash Value is not less than the minimum cash value specified by the SNFL.

3. SNFL Expense Allowance and Policy Surrender Charges

For this policy, the SNFL initial expense allowance (IEA) per \$1,000 of Specified Amount is determined as follows:

$$IEA = [10 + 1.25 \times \text{Min}(40, P^{NL})]$$

where $P^{NL} = 1000 (A_{x:y} / \ddot{a}_{x:y})$

The unused initial expense allowance (E^1) is determined as:

$$E^1 = IEA - IAEC$$

where IAEC is the initial acquisition expense charges.

The unamortized unused initial expense allowance (UE^1) is:

$$UE^1 = E^1 (\ddot{a}_{x+t:y+t} / \ddot{a}_{x:y})$$

The initial acquisition expense charges are equal to the excess of the expense charges actually made in the first policy year over the averaged administrative expense charges for that year. The averaged administrative expense charges are those which would have been imposed if the expense charges within that year had been equal to the arithmetic average of the corresponding expense charges which the policy states will be imposed in policy years two through twenty in determining the policy value.

The expense charges imposed in the first year are:

- a. 5.00% of each premium paid
- b. \$7 per policy per month
- c. A monthly charge per \$1000 of specified amount, which varies by gender, risk class, issue age, duration and specified amount band. This charge is level for the first 20 policy years and grades to 0 in year 25 and thereafter.

The expense charges in years two through twenty are:

- a. 5.00% of each premium paid
- b. \$7 per policy per month
- c. A monthly charge per \$1000 of specified amount, which varies by gender, risk class, issue age, duration and specified amount band. This charge is level for the first 20 policy years and grades to 0 in year 25 and thereafter.

Therefore, the initial acquisition expense charges (IAEC) are equal to 0. Assuming the net level premium (P^{NL}) is paid in each policy year, the unused initial expense allowance (E^I) is equal to IEA. Since the P^{NL} and therefore the IEA are always greater than 0, then the unamortized unused initial expense allowance is not less than 0, and the Cash Value is not less than the minimum cash value specified by the SNFL.

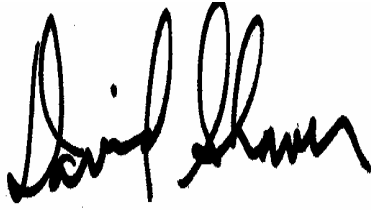
Therefore, the Policy Cash Values will always equal or exceed the minimum cash values.

4. Excess Interest and Cost of Insurance Charges less than those Guaranteed

Excess interest credits and Cost of Insurance Charges at rates lower than guaranteed increase the Account Value above the level guaranteed. So when interest is credited at a rate above 3.0%, and cost of insurance rates charged are less than those guaranteed, the Cash Value will exceed the SNFL minimum cash value.

V. RESERVES

Reserves will comply with the Valuation of Life Insurance Policies Model Regulation (Actuarial Guideline XXX).

A handwritten signature in black ink, appearing to read "David Shaver". The signature is fluid and cursive, with the first name "David" and last name "Shaver" clearly distinguishable.

David W. Shaver, ASA, MAAA
2nd Vice President and Director of Product Development
Of Union Central Life Ins. Co. an affiliate of Acacia Life Insurance Company
February 29, 2008

Statement of Variability 7327

Policy Number, Insured's, Issue Ages, Gender, Owner, Policy Date, Issue Date, Specified Amount

This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum Specified Amount: Range is \$0 – \$100,000.

Death Benefit Option: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Rate Class, Basis of Values: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Guaranteed Interest Rate: Range is 2 % - 5 % annually and .16516% - .40741% monthly

Planned Periodic Premium, Planned Premium Frequency, Initial Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Maximum Monthly Cost of Insurance Rate: The charges shown on the schedule are personalized to the policy purchased. Rates vary by attained age, gender, and rate class.

Corridor Factor: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy. Factors vary by attained age.

Premium Charge: Range is 2% -12 %

Monthly Administrative Charge: Range is \$2.00 to \$12.00

Monthly Specified Amount Charge: The charges shown on the schedule are personalized to the policy purchased and based on rates that vary by issue age, gender, rate class, duration and specified amount. The range is 75% to 125% of these rates.

Minimum decrease in specified amount: Range is \$0 - \$10,000.

Minimum partial withdrawal amount: Range is \$0 - \$1,000.

Maximum partial withdrawal fee: Range is \$0 - \$50.

Maximum attained age for reinstatement: Range is 70-90

Maximum loan interest rate: Range is 4% - 7 %

Minimum credited interest rate on loaned account value range: 2% – 5%

Attn: Dan Honey
Honorable Julie Benafield Bowman
Insurance Commissioner
Compliance Life and Health
1200 West Third St
Little Rock, AR 72201-1904

March 25, 2008

Re: Acacia Life Insurance Company
NAIC No. 0943-60038 FEIN No. 53-0022880

Submission Form Identification: 7327 – Individual Survivorship Universal Life Policy

General Description of Submission: This Universal Life Insurance Policy will be issued to individuals interested in purchasing a survivorship universal life policy to receive a death benefit upon the death of both insureds.

Issue Ages: 18-85

Dear Mr. Honey:

Enclosed for your review and approval is the above-referenced individual universal life insurance policy, application and rider as shown on the attached Exhibit A.

These forms are new and do not replace any previously approved forms. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The Flesch Scores for these forms are shown on the attached Exhibit A. An explanation of Riders is enclosed as Exhibit B. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

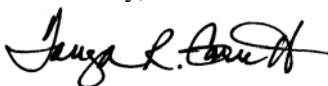
Reserves will use the 2001 CSO Mortality Table. There will be no surrender charges. The policy will be illustrated. The signed illustration will be used to provide the applicant with policy cost and benefit information. Required actuarial material for the policy and riders, as appropriate, is also enclosed.

The AS 2550 Application is being submitted in a modular format and will be used by Acacia Life Insurance Company as our general application for all future individual and joint life products. This format will eliminate costly duplicative forms and enables the same information required for all individual life products to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as conditional receipt and authorization). Product specific information is collected on the product specific components.

The Estate Protection Rider, KEPR01, is a rider that pays a death benefit upon the second death of the two insureds. The benefit is paid to the designated beneficiary, if any; otherwise to the policyowner, if living; otherwise to the policyowner's estate.

The enclosed forms were submitted concurrently to the District of Columbia where we are domiciled. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52355, or via email at: tgarrett@unioncentral.com. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,



Tanya Garrett

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- * They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- * The insurer was not authorized to do business in this state;
- * Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- * Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- * Any policy of reinsurance (unless an assumption certificate was issued);
- * Interest rate yields that exceed an average rate;
- * Dividends and voting rights and experience rating credits;
- * Credits given in connection with the administration of a policy by a group contract holder;
- * Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- * Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- * Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- * Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- * Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- * Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- * Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

IMPORTANT INFORMATION TO POLICYHOLDERS

For information concerning your policy, contact your agent or the company as follows:

Acacia Life Insurance Company
Administrative Office
P.O. Box 81889
Lincoln, Nebraska 68501-1889
1-800-745-1112

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Arkansas Insurance Department at:

Consumer Services Division
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904
1-800-852-5494

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.

SERFF Tracking Number: UNNC-125542870 State: Arkansas
 Filing Company: Acacia Life Insurance Company State Tracking Number: 38509
 Company Tracking Number: 7327
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: 7327 - Survivorship Universal Life Policy
 Project Name/Number: 7327 - Survivorship Universal Life Policy/7327 - Survivorship Universal Life Policy

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Advisor Services Combo Application Product Page for Life Products Acacia	03/27/2008	AS 2550 LIFE AC.pdf
No original date	Form	Advisor Services Combo Application Product Page for Life Products Acacia	03/25/2008	AS 2550 LIFE AC.pdf

Policy Details

Please print clearly in black ink.

Acacia Life Insurance Company

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

1. Universal Life:

a) Specified Amount (base only): \$

b) Death Benefit Option:

- ☐ Option A (Specified Amount)
☐ Option B (Specified Amount plus Account Value)

c) Planned Periodic Premium (modal): . . . \$

Additional First-Year Premium
(lump sum deposits): \$

d) Optional Riders:

- ☐ [Children's Insurance Rider:] \$
☐ [Other Insured Term Insurance Rider:]
☐ Family Member: \$

Beneficiary Designation:

Primary: _____

Relationship: _____

Contingent: _____

Relationship: _____

☐ Non-Family Member: \$

Beneficiary Designation:

Primary: _____

Relationship: _____

Contingent: _____

Relationship: _____

☐ [Waiver of Monthly Deduction
on Disability] \$

☐ Other (specify): _____

2. Survivorship Universal Life:

a) Specified Amount (base only): \$

b) Death Benefit Option:

- ☐ Option A (Specified Amount)
☐ Option B (Specified Amount plus Account Value)

c) Planned Periodic Premium (modal): . . . \$

Additional First-Year Premium
(lump sum deposits): \$

d) Optional Riders:

- ☐ [Term Insurance Rider:]
☐ Insured One: \$

Beneficiary Designation:

Primary: _____

Relationship: _____

Contingent: _____

Relationship: _____

☐ Insured Two: \$

Beneficiary Designation:

Primary: _____

Relationship: _____

Contingent: _____

Relationship: _____

☐ [Waiver of Monthly Deduction on Disability]

☐ Insured One

☐ Insured Two

☐ [Estate Protection Rider]

☐ Other (specify): _____

3. Premium:

a) Send Premium Notices to: ☐ Residence ☐ Business

☐ Owner ☐ Other: (Specify relationship and address)

☐ Insured _____

b) Premium Frequency:

☐ Annual ☐ Electronic Funds Transfer (complete EFT form)

☐ Semi-Annual ☐ Salary Allotment

☐ Quarterly ☐ Other: _____

c) Has any premium been given in connection
with this application? ☐ Yes ☐ No
(If "Yes," state amount paid for which
conditional receipt has been given; the terms
of which are hereby agreed to.)

Amount \$

Policy Details

Please print clearly in black ink.

Acacia Life Insurance Company

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

1. Universal Life:

- a) Specified Amount (*base only*): \$ _____
- b) Death Benefit Option:
☐ Option A (*Specified Amount*)
☐ Option B (*Specified Amount plus Account Value*)
- c) Planned Periodic Premium (*modal*): \$ _____
 Additional First-Year Premium
 (*lump sum deposits*): \$ _____
- d) Optional Riders:
☐ Children's Insurance Rider: \$ _____
☐ Other Insured Term Insurance Rider:
☐ Family Member: \$ _____
Beneficiary Designation:
 Primary: _____
 Relationship: _____
 Contingent: _____
 Relationship: _____
☐ Non-Family Member: \$ _____
Beneficiary Designation:
 Primary: _____
 Relationship: _____
 Contingent: _____
 Relationship: _____
☐ Waiver of Monthly Deduction
 on Disability \$ _____
☐ Other (*specify*): _____

2. Survivorship Universal Life:

- a) Specified Amount (*base only*): \$ _____
- b) Death Benefit Option:
☐ Option A (*Specified Amount*)
☐ Option B (*Specified Amount plus Account Value*)
- c) Planned Periodic Premium (*modal*): \$ _____
 Additional First-Year Premium
 (*lump sum deposits*): \$ _____
- d) Optional Riders:
☐ Term Insurance Rider:
☐ Insured One: \$ _____
Beneficiary Designation:
 Primary: _____
 Relationship: _____
 Contingent: _____
 Relationship: _____
☐ Insured Two: \$ _____
Beneficiary Designation:
 Primary: _____
 Relationship: _____
 Contingent: _____
 Relationship: _____
☐ Waiver of Monthly Deduction on Disability
☐ Insured One
☐ Insured Two
☐ Estate Protection Rider
☐ Other (*specify*): _____

3. Premium:

- a) Send Premium Notices to: ☐ Residence ☐ Business
☐ Owner ☐ Other: (*Specify relationship and address*)
☐ Insured _____

- b) Premium Frequency:
☐ Annual ☐ Electronic Funds Transfer (complete EFT form)
☐ Semi-Annual ☐ Salary Allotment
☐ Quarterly ☐ Other: _____
- c) Has any premium been given in connection
 with this application? ☐ Yes ☐ No
 (If "Yes," state amount paid for which
 conditional receipt has been given; the terms
 of which are hereby agreed to.)
 Amount \$ _____